

NEWFIELDS POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISE: RESIDENCE BUSINESS OTHER (SPECIFY)

LOCAL EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____

WILL ANYONE BE WORKING ON, OR HAVE ACCESS TO THE PREMISE? YES NO

WHO? _____

ARE THERE ANY LIGHTS ON TIMERS? YES NO

PLEASE DESCRIBE: _____

DO YOU HAVE AN ALARM SYSTEM? YES NO

WILL IT BE ACTIVATED? YES NO

WILL THERE BE VEHICLES LEFT ON THE PREMISE? YES NO

PLEASE SPECIFY:

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ PLATE/STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ PLATE/STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ PLATE/STATE _____

MAIL DELIVERY STOPPED? YES NO

NEWSPAPER DELIVERY STOPPED? YES NO

I REQUEST A SECURITY CHECK BE MADE ON MY PROPERTY AND AGREE TO NOTIFY THE NEWFIELDS POLICE DEPARTMENT UPON MY RETURN. I UNDERSTAND THAT PREMISE CHECKS WILL BE PERFORMED AS TIME PERMITS. YOUR SIGNATURE ON THIS FORM RELEASES THE NEWFIELDS POLICE DEPARTMENT OF ALL LIABILITY OR DAMAGES OCCURRING DURING THIS TIME PERIOD.

SIGNATURE _____ DATE _____

12/2016